

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2/1					53						
4		1/2					54						
5		2/1					55						
6		1/2					56						
7		1/1					57						
8		1/1					58						
9		1/1					59						
10		1/1					60						
11		1/1					61						
12		1/1					62						
13		1/1					63						
14		1/1					64						
15		1/1					65						
16		1/1					66						
17		1/1					67						
18		1/1					68						
19	1	1/1					69						
20		1					70						
21							71						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	20						TOTAL CLAIMS						